Collaborating to Prevent Rx Drug Misuse and Overdose: A State-Level Perspective

WEBINAR TRANSCRIPT

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[Dodi Swope]: Good afternoon everyone. Welcome to today's Webinar, Collaborating to Prevent Prescription Drug Misuse and Overdose: A State Perspective. This is Dodie Swope and I'm thrilled to welcome you to today's webinar. We'd like to ask you as you're getting settled here to do a couple of things as we're waiting for others to join us on today's webinar.

One is to place yourself on the map. You can see the instructions up at the top of your screen. There's a little purple dot, and you can drag that to the place where you are in the nation, and we'll be able to see the coverage that we're getting today. As you can see, Amanda is in the Chicago area and you've got a bunch of dots over in New England. That's me and my colleague, Gary and David, who will be joining me today on the webinar. There's Amber. We just saw Amber come in, and she's in the Southeast. Welcome, Amber. Wonderful, people are starting to sign in.

We'd also like you to respond to our lobby question on the bottom half of your screen. Which past or current collaborations have most increased your capacity to address non-medical use of prescription drugs? What's been your experience with that? Have you found a past or current collaboration put the tiger in your tank when it comes to increasing your capacity to address non-medical use of prescription drugs? So, for example, you would come over here to that chat box right next to the lobby question slide and type your answer. You'll only be allowed one answer, and it will show up immediately so that everyone will be able to see it. I just wanted to warn you that what you type there will be available for everyone to see.

I see some folks from the West and some more folks from the Southeast. Please do place yourself on the map as you join the call today, and we'd like to see you answer our poll

question at the bottom of your screen. Thanks so much. We're only going to do this for a little bit because we got started a little bit later than we usually do. Another participant today said, "community level coalitions doing this work on the ground." That's wonderful.

We're going to be doing a lot of talking today about the relationship between what's happening at the community level and what's happening at the state level. I love that someone else right on the heels of that answer said, "Other state partners." That is really the content that we're going to be diving into today. How can we work on both those levels, the community-level and the state-level and make sure that we're aligned for the greatest capacity in order to address this difficult subject? I think we are still waiting for just a few folks to join us, but in a minute, we will be turning over to the main presentation.

If you're just joining us, we'd love you to put yourself on the map and/or respond to our question in the lobby so the question in the lobby is "Which past or current collaborations have most increased your capacity to address non-medical use of prescription drugs?" So, I see another person has joined the discussion and said, "the Division of Public Health and Prescription Drug Action Committee." That's great. That sounds like a state-level collaboration. I think we're ready now. I see lots of people signing into the map that's great, but, in the interest of time, let's go ahead and move to the main presentation.

Again, we'd like to welcome you today to our webinar, "Collaborating to Prevent Prescription Drug Misuse and Overdose: A State-Level Perspective." My name is Dodie Swope and I'll be your facilitator host for the day. I'm joined by one of my wonderful colleagues out here in the Northeast Gary Langis and Gary and I will be kicking off the next several slides with a bit of a conversation back and forth and then we will invite you into that discussion to participate with us. Then we have a couple of really wonderful panelists later in the conversation that will share their experience as well, so we have a lot planned for you today.

We do want to let you know that the webinar is being recorded and archived. We do this so that it will be available to you after today. So many times, when I'm sitting on one of our webinars and I think oh, I want to capture what that person said, but it goes by so fast. We always make sure that we keep it archived for you. We'll have that up on the CAPT site in the next couple of days.

We do have a new caveat on our information screen and that is that the views expressed in this webinar do not necessarily represent the views, policies and positions of SAMHSA. Each individual here is speaking for themselves and it's just important to note that. Thanks so much.

What are we going to be doing today? Today, we want to set the stage and think about collaboration in a deep and meaningful way. We want to talk a lot about these two different levels of collaboration - - community-level and state-level collaboration and really think

about what needs to happen at the state-level to support all that wonderful work that's happening at the community-level. We want to also be sure that we discuss with you how to navigate that. How do you navigate what needs to happen on the state administrative-level, and what needs to happen on the community-level, and how do they inform, coordinate, and align together so that folks get the most momentum to address this really important issue?

We're going to talk a little bit about what we mean by "next level collaboration" which is beyond the kind of way that we've talked about collaboration in the past. We do have a panel that we'll introduce to you in a bit and then we'll have plenty of time for questions throughout.

I want to encourage you to please use the chat. There's a lot of people on the call today so we aren't able to have folks join us verbally, but there is a chat box to the left of the slides and we'd love for you to have comments, questions - - anything that you'd like to include in that chat box. We'll be monitoring that throughout and we'd love to hear from you as we go through today's webinar. There's me, Dodie Swope. I know many of you on the call. It's nice to see all these familiar names and I'm really thrilled to be working today with my colleague, Gary Landis, who has been doing this work for probably as long as anybody I know.

[Gary Landis]: Hello.

[Dodi Swope]: What I love to say about Gary is that he always finds a new slant. I just wanted to give you a chance to say hello to the folks out there.

[Gary Landis]: Hi folks. Yes, I always look for the new, for the new slant. I work up in Massachusetts on a couple of Overdose Prevention Projects we had going on in Mass., some of the GFS Programs and we have another Overdose Prevention Program. I'll probably be falling back to some of the history of that stuff as we go through this. Thanks Dodie.

[Dodi Swope]: Thanks, so much Gary. As I said, Gary has been at this a long time, so he can really always talk about how things started and then where they evolve to.

Okay, we're going to keep moving. Objectives for today are to explore the value and collaboration for successfully implementing prescription drug opioid misuse and overdose prevention efforts. I think it's pretty clear that we think collaboration has a huge value, but we also understand that it's really important to think about the various types of collaboration and collaborators that will really help us take our prescription drug opioid misuse and overdose prevention to the next level. We want to think about how we coordinate across community, tribe, state, all the different levels so that we're working in an aligned and coordinated fashion. We're also going to talk a bit about successful approaches for moving

those collaborations from partnerships between individuals to formal collaborations where you can count on and sustain those collaborations over time. We want to help think outside the box in terms of who are the sectors that we need to involve.

Without any further ado, we're going to dive in. So, to set the stage, we want to ask you to think about how collaboration brings you closer to the vision of eradicating prescription drug and opioid overdose? What's the value for you? I want you to think about that for a little bit as we start to dive into the content, so that you're starting to think about your own experience.

We started to think about this in a number of ways, and those of you who are old like me will start to have "Ice Ice Baby" as an earworm for the rest of the day. I apologize for that, but we thought that this was an important mantra for us as we talk about collaboration. That is, it is really important to stop and take some time at the beginning of collaboration and think about where the other partner is coming from, what their needs are, and what their vision is of this issue before starting to move to what you need from them. So, use this as that mantra to stop and really think about what the partner needs and then think about how can you collaborate around a common process. For us, that common process, as you all know, is the SPF process, the Strategic Prevention Framework, and we believe that solid foundational relationship building makes for good collaboration and married to a common process, we can really make a difference in the work that we're trying to do.

What I'd like to do now is hear a little bit from you. We'd like to ask you to type into the chat how your SPF Rx and PDO grant related collaborations, the ones that you're experiencing right now as you start to get these grants off the ground, how are they different from the work that you've done in the past in collaboration? So, if you worked on underage drinking prevention, or binge drinking prevention, or youth marijuana use, how are the collaborations that you're working with now different? Are they new? Are there new partners? Are they different levels of collaboration? What do you see as being different about collaboration in this new work? I'm going to give you a chance to answer that question and you can just type your answer in the chat box.

When I think about this, I have to think differently about who I'm collaborating with. It's the not your usual suspects. Often times we have to build relationships with sectors that we've never worked before. The PDMPs come to mind when we think about that. Healthcare comes to mind when we think about that. I see some folks are typing into the chat and, and that's wonderful. Happy to hear what folks have to say this, but how, how are collaborations new, different? How are they, they sort of adapting to this new world that we find ourselves in?

Hi, Christine from Maine, happy to see you on the call. She writes, "we'll have more collaboration with and training for prescribers as well as the development of a media

campaign." Great, that's wonderful and I do think the whole idea of engaging prescribers and really understanding how to do that work is critical to our success. Also, we have to think differently about the way we do a media campaign. Who is our audience? Often, when we were doing more youth-centered work, we were thinking about young people and parents. Now, we're thinking about the general population and some targeted populations. It's important to think differently about that.

And Kathy says, "PDMP collaboration," which is a whole new bag, right Kathy? It's different from any of the work that we've done in the past that's really a challenge and we need to have an understanding of how it works. Sean says, "across the lifespan has more meaning thinking about things like senior populations." Excellent, Sean. Linda from South Carolina said, "working more with the State Health Department." Wonderful! Often times, our work in prevention is a particular silo and folks who are working on more public health or healthcare issues are in an entirely different silo and we have to figure out how to get to them. Xavier says, "getting prescribers to the table is very important when the sectors are involved." Absolutely. There's a perspective there that's really critical. Wonderful, thank you so much.

We're going to keep moving in the interest of time, but thanks so much for those ideas. Those are some of the ones that come to mind for me as well. Feel free to keep typing in the chat. We'll be following along throughout today's webinar.

What we know is that in this work, collaboration has never been more important. This is so clearly a set of issues that we cannot tackle alone. There's no one sector that can manage this problem. It's simply too big and too complex and we also know that substance use and misuse and related behavioral health issues make this even more complex. Therefore, understanding the continuum of care and substance use and misuse as one behavioral health issue and understanding other behavioral health issues and how they come into play is going to be really important.

We also know that effective approaches to addressing our prevention strategies require multiple people working together across sectors. Many of which have never worked together before, don't speak the same language, and don't know how their systems work. Figuring that out in order to be able to do this work is critically important. We're going to start to address this idea of state-level collaborations for preventions. Who are the players and what are we hoping to accomplish with them?

I'm going to pull up a list in just a minute that is has a pretty comprehensive set of partners, but I wanted to ask in the chat if you could share one state-level collaboration that you might have just initiated in this work that you've never done before.

I work closely with the State of Connecticut and they've been able to build a really strong collaboration with their PDMP and they now work very closely together. Never before had they ever had a relationship with PDMP, so that was new.

Let's share the list and maybe that'll get some folks thinking. Janet says, "the State Pharmacy Association." Janet, that's a great one and finding those associations is a really important piece. We'll talk more about that in just a bit. In Tennessee "Lock it, Count it, Drop it." Great, that sounds like a particular program about keeping prescription drugs medications out of the hands of people who shouldn't be using them.

I want to do a quick review. Often times, prevention and treatment have not always worked together. Likewise, thinking about the recovery community as a particular sector that we haven't always included in our primary prevention efforts.

Harm Reduction Programs, I mentioned in my comment at the beginning, were a real eye opener for me when I first started engaging in this work. Universities and colleges if we're looking at young adult, high-need populations, may be an access point that's really important. I think many of us have worked with law enforcement around some of our primary prevention, but we work with it in a very different way now under this issue. For example, active users, bystanders, and first responders as well as medical and pharmacy associations and schools. Gary, when you look at this list, what pops up for you in terms of new collaborations or potentially challenging collaborations?

[Gary Langis]: Well, you know we have prevention, treatment, harm reduction - - a lot of those programs at the beginning, say twenty-eight years or so, didn't see eye to eye a lot. But, all of the folks we have listed here all deal with the same customer. For example, law enforcement works with active drug users. Harm reduction works with active drug users. People who recover in the recovery community work with active drug users. There's a lot of crossover here. In doing some of the coalition work and building these relationships between these folks was difficult because a lot of times, not only did we not see eye to eye, but we were like adversaries in the beginning. For example, law enforcement - it took them a while to embrace harm reduction practices. So, it's really a lot of listening to folks that you really didn't want to listen to before or you didn't you know you weren't comfortable with having them at the table.

[Dodi Swope]: It's so true. So often times you find yourself needing to collaborate with folks who, in the past, may have seemed adversarial, or they were folks that you wouldn't want to work with. I think it's really important to figure out where's that common ground. Like Gary's point, we're all focused on the same customer, so how can we find where our common ground is?

I'm seeing in the chat box, Earl mentions, "Needle Exchange Programs" and absolutely we consider those Harm Reduction Programs. Also, their access to active users is critical for us in understanding what's going on. Xavier says, "[There are] five different police departments in a county." That gives us a bit of a sense of how complex this can get because different departments may have different leadership styles and different ways they work. Trying to get them all on the same page with some common strategies is really important.

It's critically important, when we think about state-level collaborations and how that impacts the work on the ground, to think about how we balance power and how we build trust. Gary mentioned that sometimes we're sitting across from people that traditionally have been the thorn in our side or the difficult partner and now we need to figure out how to work in collaboration and in partnership with them in a very deep way.

I always look at this little seesaw and I think about my brother. There were times when he was in a good mood and, he was two years older than me, he would work with me to find balance on the seesaw, but there was always this underlying thought of, "boy, if his friends came by, he was going to jump off that seesaw and send me flying." So, the building trust piece was really important over time and that's really important when we think about building collaborations with challenging partners or those who we might perceive as being challenging partners.

I'd love to hear from you Gary just a little bit about the work that you've done around this piece with law enforcement. I think that will be helpful to folks to hear a little bit about your experience.

[Gary Langis]: Those are our challenging partners or, at least, those were my challenging partners when I first began to work with Massachusetts. I got a grant to do prevention work on secondary prevention and we pulled all these players together such as law enforcement, treatment providers, harm reduction folks, and people in recovery. At our first discussion, we were talking about Naloxone availability and the chief of police in the room said, "Well, you're trying to tell me that the junkies," excuse the phrase, "the junkies are going to care about each other and they're going to help each other out?" I said, "Well, yeah" and I listened to him and we talked and that went on for about a year. Building some of these relationships doesn't happen overnight. At the same time, in Massachusetts we had a Naloxone Distribution Program run by the state and the data was coming in that showed seventy-three percent of the folks that reversed overdoses were other drug users or partners.

So, after our two years of meeting at the table during the assessment process, we sat down and stayed at the table. That was the thing - we didn't agree all the time, but I listened to them and they listened to us. After two years, I sat down at one of the meetings and the chief was doing his brief report and he said, "We haven't arrested anyone from the drug

using community in fifty-seven." They had these two houses where people have overdosed, so I could see the culture change and that's really where the culture change begins, at the top in law enforcement. It doesn't really work its way up, but it's when administrative and the chief of police in the department change their language and have their officers change their language, it was like a light dawn on Marblehead moment to me. We worked for many years together before his retirement and we still we do a lot of work with law enforcement in that city where I do a lot of overdose prevention work.

[Dodi Swope]: Thank you so much for sharing that story. I think you know you've really succeeded when you feel that shift and in language. It speaks to stigma and some of the other things we're working on across the State of Massachusetts. We'd like to invite the rest of the folks on the call join us now. How have you worked with this concept out around balancing power and building trust to transform existing relationships? Were they challenging relationships or were they folks you just have no experience with so they're brand new to you? How are you thinking about the power differential around the table? Are there some ways that you might build trust?

One thing is to give it time. These things really do take time. They take experience of folks doing some things successfully together. That's a huge trust builder to see that somebody didn't drop you on the seesaw, that they actually were going to work with you and found that common ground. That's critical.

It's important when we're thinking about working with folks at the state-level, we have to own that there's a power differential there. Often times, folks who are working in state departments have the power to manage your funding differently or the power to manage your reputation in the work, so it's important that you acknowledge that. At the same time, sometimes the credibility on the ground is the most important powerful part of a dynamic. So, making sure that we don't talk badly about the powers that be at the state-level and making sure that we work in a trusting and open way with those folks. We're all in it for the same reason which is to save people's lives when it comes to overdose.

Janet says, "I attend their meetings. I'm familiar with their programs. I reach out to them for advice." Awesome, Janet, that's fantastic. I think that's one of the things we have to understand when we're working with prescribers, they don't always have time to come to our meetings right? They're very busy. We need to figure out how to work within their schedule and reach out to them for advice. We need to be open, stop, and listen. Linda says, "We include the solicitors as part of our training team." That's great because everybody has something to offer and the more formal we can be to give them space in our strategy, the more respected they'll feel. That's terrific Linda. I'd love to hear more about that. I think it's great to always keep the door open to that and but also to understand that just because they don't come to our meeting doesn't mean they don't want to be involved with us. We can't let that be the only thing we think about. If they can't make, it may be

because of other requirements that they have with their jobs. We need to think about how else can we involve them in our work.

We want to spend most of today thinking about this inner play between state and community-level collaboration and what can states and tribes do to facilitate collaboration at the community-level. when Gary and I were preparing for this, we talked a lot about collaboration happens at the community-level and then it gets pushed up to the state to collaborate across departments. This is because people on the ground have already started to figure out some of those collaborations and partnerships that can happen.

In our experience in Massachusetts, Gary, we saw how some of the state players could really facilitate those community-level collaborations. I'm thinking about things like MOAR, which is our Recovery Community Association in the state. I wonder if you can speak to that a little bit Gary.

[Gary Langis]: Yeah, MOAR stands for Massachusetts Organization of Addiction and Recovery and it's a group of recovery folks who do advocacy work at the Statehouse. I know a lot of times we can't lobby, but we can support the folks that do. MOAR educates their legislatures around a lot of the things, like the Good Samaritan Bill that we passed back in 2012. Now that had already gone through session once and it failed. In the second session, we teamed up with MOAR. They have a large membership and we did a lot of lobbying at the Statehouse and they were instrumental in helping us get a Good Samaritan Law into effect in Massachusetts. They also helped to include Naloxone in the language of the bill for protection of medical folks and bystanders. Recovery folks are important to have at the table and are a voice for the active drug users like at needle exchange programs, Narcan, distribution programs, the advocacy groups. There's a few groups that I can think of in the United States around New York and California like the San Francisco Drug Users Union. It's reaching out to those folks. Those are the ones that are directly impacted the overdosing. I know in Massachusetts working with a lot of the opioid addiction problems, it all comes from prescription medications back in the late 1990's early 2000's so it was really important to have a wide variety of voices here. Sometimes, some of the players are really good at one thing or the other. It was a lot of team building and a lot of going back and forth to each other's meetings and supporting each other on other things also.

[Dodi Swope]: That's great. Thank you so much. I do think it really is about you know giving people the support, thinking back to that balancing power and building trust. To ask an active user to stand in front of a legislator, that's not something that happens overnight; it takes time, and it takes supporting structures that help that person feel they can speak up and that their voice can be heard. Those are the voices that we really need.

I wanted to underline something that Gary said which was that the recovery community has a huge advantage in terms of being able to say, "We're on the other side of this and we can

talk about what our experience was," but their experience might be ten, twenty, even thirty years removed from what's going happening on the ground right now. That's why we can't substitute. We can't say what the folks in the recovery community are talking about necessarily represents the same information that active users would have currently. It's important to think about how do we engage both but often times they can be real supportive to each other and help lift each other up. In that way that can be helpful.

We'd love to hear about a specific program that you've been working on that we're calling the "Door Knock." I think for many folks, the idea of distribution of Narcan is really important. We're talking about getting Naloxone out and into the community and ready for people so that we're reducing overdose. However, I also think for folks who have been at this work for some time, there's a feeling of "what's next? This can't be all I'm doing."

I wanted to invite Gary to talk a little bit about the Door Knock Program so that you could hear about this innovative new thing Gary's working on. It is very compelling.

[Gary Langis]: So, we began working back in 2007 with this community. You can see the firetruck there. It's Revere, Massachusetts and I was part of a pilot group of the state pilot for Narcan site. This fireman in the picture was my classmate. He was in my homeroom back in high school and he heard what I was doing and he said, "Gary, I would really love to get the Narcan on our unit." So, we started to work in 2009 and it took us about a year before we were able to get the "okay" to provide Narcan to the fire departments for all their units. We had tried to get waivers, going through the unions and finally, they came under our umbrella with the program I was working on and by 2011 they were funded. That was just supplying the first responders with the Naloxone and we were working with the state and with the Department of Public Health to get some support around this. We worked our way to the problems and they evolved to where there's twenty-eight funded first responders that carry in the Naloxone.

Now, we did that but people are still overdosing. The state of overdoses went down, but we were looking for something else to do and the chief of the fire department came up with an idea he got from Weymouth, Massachusetts. Weymouth, at the time, was sending out packets to people who overdosed around the different services that were available in the community. We took it one step further and we built an Outreach Team made up of a firefighter, a police officer, a harm reduction specialist, and a health navigator. We built team and we'd go over the data with the police and the fire department and look at the overdoses taking place every week. Then, the following week, we would respond with the Outreach Team to the addresses where the overdose occurred. We don't go in and say, "now we want to get you (the person that overdosed) in treatment." We just talk with them about just how they're doing. Are they doing okay? Had they had any other incidents since the overdose? It's been pretty successful in that a lot of community is pretty receptive to it.

It builds up community relations with the police and the fire department and the other services provided by the city. If we go and we knock on the door and it's a parent or a loved one of an opioid user we talk to them and let them know about services and support groups. We also are very fortunate in the Northeast in Massachusetts to have a group called, "Learn to Cope." It's a support group for family and loved ones of opioid users and they provide Narcan to their participants in the group. They train people on overdose recognition, overdose response, how to access Narcan. If they need to they can get it right there at the meeting, but we also have standing orders at pharmacies where you can go in and get it.

If we talk to someone who overdosed and they had said, "You know what? I think I would like to try some type of treatment." We send them to our resource center down in the community and follow-up with them. We hook them up with a recovery coach or a health navigator and help them walk through the process and what treatment they're looking for. Whether it's medical assisted treatment, detox, outpatient therapy, etc., whatever it is, we try to have all these services provided in our community and in the state.

We've made a lot of connections with folks. It's not a best practice, per se, because it hasn't been evaluated, but I know the state just got money and they will be evaluating some of these programs. Other states are doing a similar thing, it's not just us up here.

[Dodi Swope]: That's great.

[Gary Langis]: And it's been pretty successful.

[Dodi Swope]: That's wonderful thank you so much for sharing.

[Gary Langis]: Thanks Dodie.

[Dodi Swope]: People's interpersonal relationships and trust and grows over time, so it starts to get to the point where the state says, "I think this is really worth evaluating. I think we might want to make this one of our state best practices." That's the way it can pushed up to a state-level collaboration. Thinking about what kinds of collaboration at the state-level would support those harm reduction specialists going out, how can we build structures that support that work happening in more and more communities?

[Gary Langis]: Thank you.

[Dodi Swope]: I'm going to keep on moving. I wondered if there were any folks out there that might want to share an experience of moving from state to community-level collaboration or vice versa from community to state-level collaboration. We'd love to hear from you if you've had some success pushing things up from the community up to the state

and then having that impact a state structure or a policy recommendation. Or has the state made a decision about how to do something and then that really helps support community collaboration on the ground?

I think some of the work that we've done at the state-level around encouraging working with PDMPs is an example of that. We ask for folks to start to think about that. Feel free to type those in the chat box as they come up for you.

Why do think state-level collaboration is important? Obviously, some of these things are written into your grant expectations and so it's an important part of making sure you're effective in implementing the grants that you've written. Maintaining and developing strong prevention work groups is really important in order to have all those voices at the table and to make sure that you are able to sustain your evidence-based work groups and your advisory councils.

Also, how do you work with that PDMP data? We're going to talk more about that as we go forward and thinking about regulatory approaches to prevent non-medical use of prescription drug and prescription drug overdoses. As I said, we can't do this alone. We really need some of those structural supports that can only happen at the state-level and have to happen in collaboration between state partners. We really need to think carefully as states about the multiple Naloxone distribution channels. How are we not tripping over each other? I'm sure some of you have had that experience out there. How do I make sure that I'm not getting in somebody else's lane? How do we do this in an organized and coordinated fashion? I always think that state-level departments are sort of the lighthouse. They can see multiple things across the state that are happening in a way that when you're on the ground you can't see. It's really important to have that perspective when we're thinking about distribution. Even thinking about something as simple as but as important as cost. There are some benefits to thinking about it as a larger purchase than as each community trying to struggle through getting Naloxone at a cost that works for them.

We know that providing workforce development opportunities is a new feel for many of our prevention practitioners and it's important to think about how we make sure that our workforce is ready for that. I love the comment earlier about engaging people and having them come and be part of our training programs and then making sure that we're improving the relationships between state level provider organizations and the people that are doing prevention work and making sure that there is a level of trust.

It's a big deal and expensive to have to plan for the shelf life on Naloxone, which is around eighteen months. It doesn't last that long and we need to get it out into the hands of the people who need it quickly and that means we need to work together to do that.

I think the most important thing about this is we that understand that one size does not fit all. That's why this webinar is really more of a conversation with lots of ideas because we can't tell you the exact things you need to do on the state-level to make sure that it all works. States are structured differently. States are in different levels of readiness. States are in different parts of the epidemic. Really thinking carefully about what the two or three important things that you can do to help move your state-level collaborations forward. Let's think about what do we mean by next level collaboration?

When you think about who traditionally you've always worked with in prevention, you may need to adjust, change, adapt, and understand partnerships in a little bit of a different way. It's critically important to look up and say "who am I missing? Who else is involved in this work? Who have I never spoken to before, who works in an entirely different department maybe not in the same building as me?" I think that's really critical. Thinking very carefully about who the people are that are with us that we need to adapt our partnerships to and who is missing. Who do we need to engage from the very beginning?

Many of you have seen this step of levels of collaborative involvement. We use this in the SAP. We've used it in many different kinds of trainings that we do about collaboration. We talk about how we move from no involvement all the way to full collaboration. But what we're talking about for this training is really more like "what's next?" Getting to collaboration and saying, "I know what Gary's doing. Gary knows what I'm doing and we're all good" isn't going to be enough to stem this epidemic. We need to move even farther beyond that. So, what do these additional steps start to look like?

One is that we really are focused on this idea of mutually beneficial partnerships. So, what's in it for you? What's in it for me? Let's be transparent and overt about understanding that and let's remember that we're all focused on the same goal. Gary spoke about that beautifully. We're all trying to save the life of that client and we're trying to get that client the services they need to help them move out of active addiction and the timeframe for that is up to each individual and the relationship that they have with the people around them. Again, one size doesn't fit all, but we need to be thinking about how we really formalize some of those benefits that these partnerships can bring us.

Thinking about time can be hard when you're working under a timed grant. You feel like you've got to get it all done yesterday and don't have time to do it, but the reality is it takes time and we need to give it time. We need to find ways to build time into not just our coalition meetings, but other places where we can meet with people to start to do some of this relationship building.

Thinking about formalized agreements is also really important. We've always talked about this at the CAPT, but I think it's critical. Our collaboration work can't be based on the fact that Gary and I've worked together for twenty years and we know each other and we trust

each other. It has to go beyond that because what happens if Gary decides he's going to retire and move to the Caribbean or I get to retire and I get to move to the Caribbean? I need to have a partnership that is formalized enough so whoever steps into my position understands that that is part of the job. The collaborating with Gary is simply part of what we do. Institutionalizing those kinds of agreements and making sure that it's in writing and that organizations, sectors, or departments are bought in in the same way that individuals are.

It's also important to keep the eye on the prize and focus on our common goal. Then think about expanding the next network of connected partners. We live in is a constantly changing world, so that an organization will come in and be really important in one stage of the work and then they'll fade a little bit to the background and another organization will come in to the limelight. It's important that they take the baton and run with it for a period of time. We need to make sure that we understand all the points around the network where we could do that and that's a constantly changing shifting.

So, thinking creatively about how we keep our lighthouse functioning. How do we keep that data up-to-date? How do we make sure that we know that there's a little emerging Harm Reduction Program in that tiny community over there that has never connected to anybody before, how do we reach out to them and invite them in to the work that we're doing? Those are those critical next-step collaborations.

Think about a time when you were able to leverage a key relationship or developed a new relationship to move some aspect of your work forward. How did you do it? What was the process? We'd love to hear a little bit from you. For us, we really think about putting the time in. We think about what's our common goal and we think about what's in it for each of us and do that in a very overt way. Those are the ones that sort of come up for me as being critically important in thinking about these next level collaborations, but we'd love to hear from you out there in the virtual land. You've done a great job of listening to us.

I know for me, and you're going to hear in just a couple of minutes from our panel, that understanding how healthcare and healthcare systems work was a critically important piece of my learning. I had to understand that prescribers, for the most part, are jammed. Their schedules are in fifteen minute increments throughout a day and they can't walk out of the office for an hour to come to a meeting or even to sit down and have coffee with me. I've got to figure out how I go to them and find the time within their very busy schedule where they can have a little time to meet with me. I want to give them something that they're going to see there's benefit right away.

Xavier says, "sharing our vision and mission statement along with visibility in the community really works for us, really works to get people involved." I loved that you mentioned visibility and making sure that you're vision and mission is really visible to everybody. That is a huge

magnet. Nobody is immune to this epidemic. It impacts everybody, at every level, in every walk of life and so it's important when it's visible. People will come up to you at the end of a meeting and walk out to the parking lot and say, "You know my niece, my nephew, my brother" and that's a really important moment for when you can start to see what the internal commitment is to doing this work and then if they happen to bring a professional hat along with it, how can we engage you? What's a role we could collaborate together on? How can we build a partnership from here?

Kathy says, "Active participation by in our work by key community members." That's terrific. You know the other thing I think is really critical in this kind of work, and I think it's true in all of our collaborative efforts, is that it's really important that people understand where they can be active in a meaningful way and also where they're not going to be active in a meaningful way. So, let's not ask really critically important people who we need one or two things from to be engaged. Let's not have them sit around at things that aren't going to involve them. Let's just utilize their time really skillfully, really effectively to really think about where that active participation is and how we can get those folks involved in the things that are really going to make a difference.

Just in summary, before we move to introducing our panel, we want to make sure that we have clear and established goals that are shared by everybody, that the expectations are clear. Again, I'm going to go to that formal partnership MOU, MOA - - whatever kind of format partnership agreement. The CAPT has lots of wonderful examples if you're interested in thinking about how those could work.

It's important to really put the time in intentionally to build trust and build relationships, and I think if you had learned one thing from Gary it is that you need to put the time in and that it's really, really important to do that listening, do that talking, really find out where people are coming from.

It's important to really make sure that at every meeting, at every opportunity you focus on that shared collective purpose and then also make sure, and I've worked with a couple of my states that I'm liaison to just in helping new partners understand the way that we work in prevention, understand the strategic prevention framework. It's important to state that this is our language and this is how we talk about it.

I had a great conversation again in the State of Connecticut not that long ago where the person from the CDC said, "Well, you know we don't use this strategic prevention framework exactly like that. We have a different planning process," and she rattled it off. It sounded almost like the cousin of the strategic prevention framework, but I think in those conversations it's also really important to say, "I respect that you have a planning process that you've been using all these years too. Here's ours; let's put them together and see how they would work together." At the end of the day, they're not that different, but making sure that we're all speaking from the same script is important and using language and helping to share language so that we start to use a common language together is, really important. Wonderful, so unless there are other comments or questions, I'm going to move us along so that we have plenty of time for you to interact with our two panelists.

Without any further ado, we are thrilled to be joined today by two folks from the community who are working really hard on this issue. Bill Matthews is coming from the Harm Addiction Reduction Coalition, and Dave Morgan is coming from the Norfolk District Attorney's Office. I'm going to let them tell you a little bit more about themselves, and we'll start with you, Bill, so if you could give us just a little bit of your background and then share what you'd like to share with the group. We welcome you into the conversation today.

[Bill Matthews]: Hello, this is Bill Matthews. I'm with the Harm Reduction Coalition, and the harm that we're busy reducing is that which drugs do to the users of them and to the community around them.

I joined in 2008 and have been very involved with working to get programs signed up with the New York State Opioid Overdose Prevention Program, which is essentially the program that gives Naloxone that's paid for by taxpayers of our state into the hands of people that are actually finally using it. I found the work very interesting. It shifted over the years, so in the beginning my enterprise was to find organizations that could become programs and then work with them to actually become certified programs.

One of the things that an organization needs in New York State to become a program is they have to have a medical provider onboard, someone who could write prescriptions. That makes some programs eligible but others not eligible, and they'll probably never be eligible by their nature, but they're wonderful people to collaborate with.

As I describe this, you may understand that we ourselves are also an organization that collaborates. On the one hand, we look back towards the state and city departments of health, and on the other hand, we look out towards the organizations that we're helping organize. We're almost like a broker of collaborations in some ways.

So, the overall enterprise here is to get Naloxone kits into the hands of people who are going to be present when an overdose actually occurs, and this all began on the streets of Chicago in the 1990's when a fellow named Dan Bigg was handing out Naloxone to people he knew. They were using it, and it universities studied how users were saving each other's lives.

In 2006 here in New York, we have a legal program to do that. The Syringe Exchange Programs were the first organizations to really take this on and be the really the face of Naloxone for probably the next five years nearly. So, there was a kind of bottom-up aspect to it at that time, and now, of course, there has been a wonderful top-down effect. Departments of Health, police, and if I have a moment later, I'll talk about our terrific collaborations with prisons.

I'm a medical provider myself one day a week, and I really resonated with what you were saying about how we're so busy when we're doing regular medical visits, such as blood pressures and diabetes and so on; no one could want to give out a Naloxone kit more than I do, and yet I can't find the time to do it in my own organization separate from Harm Reduction and it coo-project renewal. So, I've learned there that even within the organization I had to look for the nursing staff or for other people who had time to implement this. Throughout all is the theme that we were hearing earlier of finding

someone who is an enthusiast. As you look through some programs, there's a person who resonates with you who perhaps has even sought you out along the way, and they're key to working with it.

Let's take a quick look at one collaboration we've had with the New York State Department of Corrections. This, again, grew out of a collaboration between the prison superintendent here in New York City although the state prison system heard about Naloxone, got interested in it, and happened to meet someone from the State Department of Health. They became very interested. The State Department of Health brought us in as a collaborating partner for our expertise in this topic, and all together we developed the curriculum to train what is now a program that will train all the inmates in state prisons in New York to be trained in Naloxone and given an opportunity to take a kit in their hand as they walk out the door. That's about twenty thousand people a year. We're still in the midst of doing that, but we're well on our way to it. So I hope it gives you something to work with. I'm here for any questions.

[Dodi Swope]: Wonderful. Before we go to Dave, are there any specific questions for Bill. We'll open it up to everybody at the end of the panel, but we want to give the folks on the call an opportunity to ask a specific question to Bill if it comes up. The work in the prisons is so interesting, Bill. I think we're all going to be watching that very carefully. It must have taken a lot to really get that level of collaboration going. Was there anything that really turned the key for that? I mean - -

[Bill Matthews]: It was - -

[Dodi Swope]: I think finding an enthusiast is really important, but anything else?

[Bill Matthews]: Well, that was so key, so I don't know if there's anything else [Laughter, 1:03:37] because this was a person who was inside the system who knew how it worked. Now we're almost two years into this, and I don't see how we could have done this without an insider person. I'd say some of the lessons I learned along the years there were when I was trying to do work with public health, public housing committees, attendance committees or homeless shelters or police departments. Those things had to in the end be top down. I didn't recognize at the time why was I getting nowhere with all the effort I was putting in, so I think it helps to distinguish what sort of animal you're working with or what your problem is.

I'll throw in one more thing that I still feel that I've not solved. I talked about bottom up and top down, and there's the mid-ground, and there I find are the family and friends of people who use drugs. Where does the terrified parent who is not connected to any organization go? How do we reach them to tell them here's how they can get a kit? I know there are many ways, but I've not found the key that really unlocks that, and it continues to bother me.

[Dodi Swope]: That's great. I will say to you, talk to Gary about "Learn to Cope" [Laughter, 1:05:07]. We can do that offline, but I think that we found an organization that really helps answer that, and it works here. But you know what one size doesn't always fit all. I love what you said about really understanding sort of how the system works so that you

understand if this needs to be driven from the state. Then can we take it to the local community or ask if it will it work for us to push it up from the ground. I think that's incredibly important to the conversation that we're having today and there's never anything better than finding someone on the inside who is interested and committed and cares to work with you. Finding that enthusiast is so important. Thanks so much, Bill; that's great. I really appreciate it.

[Bill Matthews]: You're welcome.

[Dodi Swope]: I'm going to turn to David. We can still ask Bill questions a little bit later on in the call today, but I wanted to give Dave a chance to share some of his insight and knowledge around collaboration from his work here in the Norfolk District Attorney's Office. So, welcome to the call David. If you could, say a little bit about who you are and the work that you do and then the lessons and information you'd like to share today. Thanks so much.

[Dave Morgan]: Hi, so I'm Dave Morgan. I'm a pharmacist by training and had four store's in the Boston area up into the early 2000's. Then I semi-retired and have done some other things. I got involved in my town's DFC grantee back about seven years ago, the town of Weymouth, and so like other grantees and stuff like that they found that heroin was in the community and overdosed deaths. That was a surprise to our mayor and a surprise to me as I always thought from my pharmacy days that heroin was an inner-city problem, but I quickly made the connection that this has something to do with the prescription drug market, also. So, I'm coming up on four years working part-time at the Norfolk District Attorney's Office, and I met him during a Drug Take-Back Day actually that we've done for the last eight or nine years. Most crime, at least in Norfolk County is not murders and things like that, but drug overdoses. But it escalated from forty a year up to probably this year up to a hundred and eighty in our county of six hundred thousand people. So, there are very few murders, so drug overdose is what is taking the lives of people in our community. Secondly, probably thirty or forty deaths a year are from highway accidents a significant part of which is related to substance abuse related drugs and alcohol. So, I've been looking for ways to decrease the amount of deaths, and the deaths kept going in a different direction despite everything we're doing. Some of the things that we did in the past is when I decided to connect pharmacists to their local police chiefs, and we went around with all the local police chiefs to each town and its pharmacies. There's a hundred and twenty-five pharmacies in our community and we're getting them to use the Prescription Monitoring Program, and as you know in Massachusetts prescribers are now mandated relatively recently to use the PMP. Pharmacies aren't mandated although we're trying to get them to do it as a best practice and trying to have them start the communication with prescribers over people, especially doctor shopping and things like that. In fact, doctor shopping has gone down significantly. We've also tried to make the connection to you know the local police chiefs so that they feel safe in the community. Then one of the things that we've been trying to do is promoting them to stock Naloxone and then sell Naloxone. So, in Massachusetts, like many other states too, you can have standing orders. So, it's almost over the counter, so people don't need prescriptions. But pharmacists, just like anybody else, still have this stigma; they need to recognize that

substance abuse is a disease not a crime. So, we're trying to get them to engage the community. The recent project we have is that I'm trying to get out to the pharmacies and give them pamphlets because you can buy prescriptions over the counter in Massachusetts. So, some pharmacies sell a lot of them. We know that if people are buying them without prescriptions that they're not using them for diabetes because if you had diabetes you get a prescription and bill it to your health insurance. We're trying to break down some of the barriers so rather than having the pharmacist engage in conversation with people buying the syringes they can give them a pamphlet and they can say, "I was interested in Naloxone, please bill my insurance." Most insurances cover it now without copays, and I'm working on those that don't to eliminate the copays or have minimum copays. That's some of the newest things we're doing.

The other thing we've done in the past and we continue to do too is have quarterly meetings of Fake Prescribing Work Groups in the Drug Taskforce. We invite and we have good participation from all the Boards of registrations and nursing, pharmacy, medicine. We have DPH involved in the Department of Public Health.

We also bring local police chiefs, fire chiefs, schools, and parent groups, so we have mentioned "Learned to Cope" a few times here. They're involved in our quarterly meetings and trying to see what things we can do. We involve major healthcare players at the hospitals involved, and the other thing we do in the office here is the quarterly Fake Prescribing Drug Taskforce. We also have monthly coalition meetings so we have twenty-eight cities and towns in Norfolk County and many of them have coalitions.

I think about twenty out of the twenty-eight have some coalitions. Some are funded. Some are funded through DF, the Drug Free Community grants. Some have gone through their ten-year cycle, such as Weymouth, my hometown, and then there's other towns that are pre-DFC, meaning that they'd like to apply for Drug Free Communities in the future. Then there's other MOAPC and SAPC and other groups and state grantees that meet with us monthly communicating what's working and what's not. Then what we're currently doing now is planning another drug SAFE Prescribing Conference for our county for doctors, prescribers and dispenses. We did one a couple of years ago, and we're going to do another one. We had three hundred people last time, and we're trying to do another three hundred this time, so about a hundred and fifty pharmacists who work in the community, and then hopefully a hundred and fifty doctors, nurses, and physician's assistants who also work in the community. So, it's kind what we do. We're just trying to make a difference and trying to keep everybody on this moving in the right direction.

The other thing we did too was trained all the police departments in our county on Narcan. We gave them all a starter supply and then told them how to buy more. We put Drug Take-Back kiosks in all the police stations in the county. Then also last spring we gave Naloxone kits to all the schools, including high schools, not that we've seen any overdoses in the schools. But we want to give it to the school nurses as our goal is to have Naloxone anywhere and everywhere so that the nurses can be champions in the community and maybe identify families and things like that. So, we stocked it. I haven't heard that anybody has used any, but at least they're out there educating the community and we told them how to get more.

[Dodi Swope]: That's great. Thank you so much Dave. I appreciate that. If there are any questions specifically for Dave, feel free to type in it into the chat. We'll just go ahead and say that's true for any conversation. Any comments, questions to either of our presenters, any of us today on today's call?

One thing that I want to say that just really strikes me, Dave, is that those of us who live in Massachusetts understand that Massachusetts doesn't work regionally very well. We don't really have a county system. We have geographic counties, but we don't work in county systems like many others states across the nation.

[Dave Morgan]: Right.

[Dodi Swope]: It may sound obvious to folks who come from places where it's maybe more or less dense and you have regions and counties and people who are used to working across city and town lines. In Massachusetts, that was such a big deal, and so the fact that now they're coming together and multiple coalitions are coming to the table together and learning together and sharing ideas across those town and city lines is really a huge thing. What happened as a result of that is that the state said, "We don't want to fund individual counties and towns anymore. We want to fund these regional efforts because people move across these town and city lines too easily to access drugs." So, I think it underlines what Dave said in the whole story that he told. I just wanted to sort of raise it up to say it really influenced the fact that they were bringing people together and working in regional sort of patterns, which really influenced the way the state then thought about how it wanted to do its work going forward. So, I just wanted to highlight that. It's great, and I think what you'll hear from all of us is that it takes time and it takes finding the right person to turn the key, so thanks so much. Are there any questions or comments from the folks out there in our virtual audience for either of these two wonderful folks working on this serious issue with us, Bill or Dave? Anybody have any questions?

Well, we will make sure that the webinar is archived and that all of this will be available to you, so if there was something that you heard that you wanted to hear more about we can make sure that that's available to you. Thanks so much. Thanks so much Bill and Dave for being with us today. We really appreciate it. Any final thoughts before we move on?

[Dave Morgan]: Well, one thing I saw earlier was somebody mentioned the Pharmacy Association, but all states have Pharmacy Associations and pharmacists, there are many pharmacists out there that are hungry to do something because they can see the problem that substance abuse is taking on their community. So, I know in our state association we've had some champions, so I think in every state if you contact the state associations they'd like to work with you, I would hope.

[Dodi Swope]: That's wonderful. That's a great tip. I think that's important too when you come to first responders whoever they are, such as police have sort of been traditionally, but firefighters also see it. Folks who are working in emergency medical response are also seeing it, and everybody wants to do something that's going to be meaningful here not just in the moment to save somebody's life, but to have a longer term kind of impact on this issue. So that's for that Dave. I think that's really important - - anything else before we

move on?

[Bill Matthews]: This is Bill. I'll just make one comment that when we worked in the prisons, especially in the beginning, it's not an area where a program like this would be immediately understood. We trained the, the correctional officers first so that they understood what this program was about, and it was very resonant in their lives. So suddenly we had a great deal of support just in the inner community of people working inside the prisons.

[Dodi Swope]: Oh, I love that you added that. That's so important because that would make or break it right? If they weren't onboard with this, it wouldn't work in the same way, so that's really important. Thank you for adding that—that's great.

Also, a tip for those of you on the call to think about is, "who do I need to bring in early and who do I need to bring in over time?" It's really staging this appropriately and making sure that you have the buy in from the people that could make or break it for you. Thanks for that, Bill.

We've got to process just a little bit with you about what you heard today and ask you to think about what was one little "ah-hah," one little moment when a light bulb went off? One little time when you thought "oh, there's a tidbit I'll take." I'm always looking for tidbits. I hope I get a couple of good tidbits on how to live a healthy life and how to do my work. So they are always out there, and I got a few from today for sure, but we'd love to hear from you. What was one takeaway that you heard today that you feel like you could go back and apply to your work or that might have motivated you to take the next step that you were thinking "I really want to do this, but I'm not entirely sure it's the right way to go?" We'd love to hear from you out there in virtual land. Is there something you heard today that inspired you or that you'd like to take back and start to work on? Feel free to type in the chat box. We'd love to hear from you. This is also a wonderful opportunity if there are any questions that you have for Bill or Dave about how they did what they did.

Kathy, great, confirmation that you're on the right track is really needed, right? It's important to know you're on the right track, and it's important in this work where it can feel really hard to feel like you're working alongside others who are working just as hard. So, I'm glad, Kathy; that's wonderful to hear. Anyone else? Any tidbit that you heard or takeaway? Something you'd like to share with your team when you get back to the office or something that motivated you to take the next step? We'd love to hear from you. I'm just going to give it another minute in case there's anyone who wants to comment.

Wonderful; getting all sectors involved and having them at the table is very important. Great, Xavier, I'm glad. I'm glad it hit home in some ways, and I think we all know that this is the work, but it sure isn't easy. That acknowledgment that it takes time, that we need to find the enthusiast within the organizations, that we're trying to impact thinking about where the natural structures are, those associations are really, really important to continuing the work - - great!

I'm going to move us to our summary slide now. The most important thing is to think about collaboration in new and different ways with this work and be open to the fact that you

might not think somebody would be a good partner to you, but give them a chance. Stop. Listen. See what they have to offer. You might be surprised at how useful and helpful that person could be as a partner. It's really important to understand that one size doesn't fit all, that every partner comes with own unique needs and priorities, and they need to understand what's in it for them. I always think a friend of mine who always says, "With them, what's in it for them?" and thinking about what's the win-win? Where's the value in their collaboration with you. What can you offer them to keep them involved?

Keeping our eye on the prize in terms of that common vision will help us navigate through the hard times, and there are hard times. This is a hard problem that we're trying to solve. It's a heartbreaking one, and we've all experienced. So really making sure that we hold strong together with a common vision is really, really important, and I do think many of the speakers spoke to it. It feels like we're not making a difference because the data doesn't show it yet, but I think if we look at the scope of the epidemic over time, we can see that we made difference in certain parts of it. It keeps evolving, and we have to keep chasing it and finding out how to influence the newer pieces that are emerging. We've learned a lot along the way, so don't get discouraged. That's really important. Then there's a value of working at the right level at the right time, and that that is not an automatic assessment.

It's not like start with the state and then work with the middle and go to the grassroots or start with the middle, go to the grassroots then go to the state. It's not a one size fits all, so it's important to do that analysis, taking the time to really think that through. I thought Bill's example of trying to work with the housing sector and really learning that he wasn't trying to influence the system at the right place is important. He didn't have the right lever. It's important for us to spend the time thinking about that together, and learning from the people on the inside about how to work within their systems is really, really critical.

Without further ado, I'm going to wrap us up for today. We did just want to bring your attention to some of the best practices that we've seen in our collaboration toolkit, which is available to you online. There's a great story about the Connecticut partnership with the PDMP where they really used data to really bring visualization and awareness. We wanted to highlight the cross-sector collaboration around prescriber alert in South Carolina. These are just a few that we're highlighting. We wanted to have an opportunity to look at Scott County. We all heard a lot about Scott County when the issue was emerging there, but it's important to really understand how they addressed it by establishing partnerships and addressing those emerging problems in rural Indiana. It was a huge challenge. There's also the collaboration model in Massachusetts that I alluded to when Dave was talking where they really moved away from saying "community, community, community" and said we want to see some regional efforts. We want to see you working together, and that was really informed by what they had learned about what worked on the ground. I just want to say we have a ton more on our website, grantee stories, tools, archived webinars and videos.

This webinar will be archived, and we will make sure that it's up on your CAPT connect site within a day or two. It takes us a little while to get everything set up properly, but you'll see it show up there when you're ready. Please feel free to revisit this, this webinar and this discussion. If there are any final questions, we have a few minutes left for questions or

comments if anyone has any final words that they'd like to share with us today. This is it. Goodbye from me as your facilitator. It sure didn't feel like an hour and one-half - - that went very quickly. I really appreciate everybody who participated in the call. Thanks so much to those who were vocal in the chat box, I really appreciate that. I always appreciate it when folks are willing to go out on a limb and type something into that little white box and allow everybody else to read it.

If there are any final questions, I don't want rush us, but I also don't want to hold you here if there are not. We will be if you have any further comments or questions please don't hesitate to contact Amanda, who has been behind the scenes on this call, and, she's our connector. If you have any questions going forward, Amanda is your girl, and she will let us know. She can reach all of us if there are questions you want to send out to anybody who's been on the call so far.

We do have an evaluation that we would love to have you do. You can click on that link and do it right now. It's really something that we value, and we really appreciate it if you take the time to do the survey, so we'll leave this slide up.

I want to say a huge thank you to our panelists today, Bill and Dave. Thanks so much for taking time out of your very busy lives to be with us today. We really appreciate your expertise. Thanks so much, and a huge shout out to my buddy, Gary, and thanks so much for being a partner on this call and sharing your expertise and for all the great work you've been doing all these years in Massachusetts. We appreciate you.

I think with that, we will say we will be concluding this webinar, and we'll leave this slide up just for another minute or two, so we make sure that you get the chance to click on it and give us your feedback. We'd love to hear more about where you would like us to go in the future. If there was something that you were really hoping to get on this webinar that you didn't get, please do tell us that, and we will make sure that we build it into another service going forward.

I'd like to thank my CAPT staff on the back that you didn't see but that made this all work beautifully. Thanks so much you guys, and I think with that we'll say the webinar is concluded. Thanks so much to everyone.